

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF William Steven Robinson	COURT CASE NUMBER 118-CN-02350 MHC						
DEFENDANT Frank Jones	TYPE OF PROCESS Civil						
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Ricest Detention Center							
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 901 Rice St Atlanta GA 30315							
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW							
<table border="1"> <tr> <td>Number of process to be served with this Form 285</td> <td></td> </tr> <tr> <td>Number of parties to be served in this case</td> <td></td> </tr> <tr> <td>Check for service on U.S.A.</td> <td></td> </tr> </table>		Number of process to be served with this Form 285		Number of parties to be served in this case		Check for service on U.S.A.	
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Check for service on U.S.A.							

FILED IN CLERK'S OFFICE

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

DEC 14 2018

JAMES N. HATTEK, Clerk
By: *[Signature]* Deputy Clerk

Signature of Attorney or Originator requesting service on behalf of: <i>[Signature]</i>	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 4.228.3554	DATE 9 2018
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 3/4	District of Origin No. A19	District to Serve No. A19	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date 11/30/18
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode				
Address (complete only different than shown above)	<table border="1"> <tr> <td>Date 11/07/18</td> <td>Time 10:35</td> </tr> <tr> <td colspan="2">Signature of U.S. Marshal or Deputy <i>[Signature]</i></td> </tr> </table>	Date 11/07/18	Time 10:35	Signature of U.S. Marshal or Deputy <i>[Signature]</i>	
Date 11/07/18	Time 10:35				
Signature of U.S. Marshal or Deputy <i>[Signature]</i>					

Service Fee \$65.00	Total Mileage Charges including endeavors) 6 miles \$3.27	Forwarding Fee N/A	Total Charges \$68.27	Advance Deposits N/A	Amount owed to U.S. Marshal or (Amount of Refund*) \$68.27
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REMARKS: Endeavor 1: 11/07/18 1035hrs 6miles Round Trip
Chief Deputy refused to sign for or receive process

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED